COMBINED DECLARATION AND POWER OF ATTORNEY

Attorney Docket No. LU6134 US

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled

POLYMERIZATION CATALYSTS, PREPARATION OF POLYOLEFINS, ORGANOTRANSITION METAL COMPOUNDS AND LIGANDS

the specification of which

was filed as PCT international application number PCT/EP2004/010377 on September 16, 2004

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56.

I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or PCT International application having a filing date before that of the application on which priority is claimed:

Prior Foreign Application(s) Priority Claimed

103 44 659.1 (Number)	Germany (Country)	25 September 2003 (Day/Month/Year Filed)	 $\frac{X}{Yes}$	No
(Number)	(Country)	(Day/Month/Year Filed)	 X Yes	No

I hereby claim the benefit under 35 U.S.C. §119(e) of any United States provisional application(s) listed below.

60/515,922	29 October 2003		
(Application No.)	(filing date)		

I hereby claim the benefit under Title 35, United States Code, §120 of any United States application(s) listed below and, insofar as the subject matter of each of the claims of this application is not disclosed in the prior United States application in the manner provided by the first paragraph of Title 35, United States Code, §112, I acknowledge the duty to disclose to the Office all information known to me to be material to patentability as defined in Title 37, Code of Federal Regulations, §1.56 which became available between the filing date of the prior application and the national or PCT international filing date of this application.

(Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)
Application Serial No.)	(Filing Date)	(Status) (patented, pending, abandoned)

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) associated with the Customer Number provided below to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

In the matter of the above-identified application, please recognize the attorneys associated with CUSTOMER NUMBER 23416; all of CONNOLLY BOVE LODGE & HUTZ LLP, as attorneys with full power of substitution to prosecute this application and conduct all business in the Patent and Trademark Office connected therewith.

Send Correspondence To: Connolly Bove Lodge & I P.O. Box 2207 Wilmington, Delaware 19899-2207		Direct Telephone (302) 658		
FULL NAME OF SOLE OR FIRST INVENTOR Benno Bildstein RESIDENCE Hoettinger Au 72/17, A-6020 Innsbruck, POST OFFICE ADDRESS	Inventor's signature Sensition Sensit	BldAin	DATE June 20, 2005 CITIZENSHIP Austrian	
Basell Polyolefine GmbH, Industriepark I FULL NAME OF SECOND JOINT INVENTOR IF ANY		operty, Building E413		
POST OFFICE ADDRESS CITIZENSHIP				
FULL NAME OF THIRD JOINT INVENTOR IF ANY RESIDENCE	INVENTOR'S SIGNATURE		DATE	
POST OFFICE ADDRESS FULL NAME OF FOURTH JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE		DATE	
RESIDENCE POST OFFICE ADDRESS			CITIZENSHIP	
FULL NAME OF FIFTH JOINT INVENTOR IF ANY RESIDENCE	INVENTOR'S SIGNATURE		DATE	
POST OFFICE ADDRESS			O. A. Belgari (S. M.)	
FULL NAME OF SIXTH JOINT INVENTOR IF ANY RESIDENCE	INVENTOR'S SIGNATURE		DATE	
POST OFFICE ADDRESS		,,	<u> </u>	

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FULL NAME OF SOLE OR FIRST INVENTOR	INVENTOR'S SIGNATURE		DATE 9 2000
Alexander Krajete	Al- Kouth		10.8.2005
RESIDENCE	; / .		CITIZENSHIP
Vesteregate 16, NO-3919 Porsgrunn, Norv	way		Austrian
Basell Polyolefine GmbH, Industriepark H	Höchst, Intellectual Pro	operty, Building E413	3, D-65926 Frankfurt/Main, Germany
RESIDENCE	–		CITIZENSHIP
POST OFFICE ADDRESS			
FULL NAME OF THIRD JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE		DATE
RESIDENCE			CITIZENSHIP .
POST OFFICE ADDRESS			
FULL NAME OF FOURTH JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE		DATE
RESIDENCE			CITIZENSHIP
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POST OFFICE ADDRESS			
FULL NAME OF FIFTH JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE		DATE
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POST OFFICE ADDRESS	•		
FULL NAME OF SIXTH JOINT INVENTOR IF ANY	INVENTOR'S SIGNATURE		DATE
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RESIDENCE			CITIZENSHIP
POST OFFICE ADDRESS	:		